MC0320

DEPARTMENT OF HEALTH

ESTATECODE

GUIDANCE
ON THE

ESTATE CONTROL PLAN

DEPARTMENT OF HEALTH

ESTATECODE

ESTATE CONTROL PLAN

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DEPARTMENT OF HEALTH

Advisory Group on Estate Management

Part of
ESTATECODE
Level 3

Guidance on the

ESTATE CONTROL PLAN

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This Guidance is issued by the Advisory Group on Estate Management. Any enquiries on it should be made to the AGEM Secretariat, Estate and Property Management Directorate, Euston Tower, 286 Euston Road, London NW1 3DN

FEBRUARY 1989

1. *General*

1.1 This document provides general guidance to support Stage 6 of the estate rationalisation process as required in HC(86)13. Estate Control Plans (ECP), ranging from District Plans to those for individual sites will emerge from the previous stages. The aim of this stage is to encapsulate in one document all the key decisions which have been reached, costed and programmed. The plan will form the link between the rationalisation proposals and the future management of the rationalised estate. Where new buildings are planned the ECP should be coordinated with the development control plan. The plan should contain a statement on the resources necessary to implement the plan and identify the returns and benefits which are to be expected. This will commit the Health Authority to a pattern of expenditure over a period of time for each individual site but must clearly be capable of modification to meet changing circumstances.

1.2 The ECP provides the interface between the strategic corporate planning processes (Stages 3 to 5 of the Estate Action Plan), and the detailed implementation of those decisions in Stages 6 and 7. The cyclic nature of the processes involved should be recognised in planning the activities. Although the preparation of the ECP follows the rationalisation exercise (Stage 3) and was described in paragraph 4.8 of the report on 'Surplus and Under-used Property in the NHS', it is essential to recognise the need to check the key implications of Stage 3 on the various ECP's before finalising the strategic plan.

1.3 Where sites are situated in environmentally sensitive areas (eg the Green Belt where DOE Circular 12/87 applies) or are similarly constrained and are planned to close in the foreseeable future, the ECP will need to take this into account. The Estate Operational Plan Guidance (Stage 7) provides information on the management of closure.

1.4 This stage, therefore, provides the final formal opportunity in the system of critically examining the future use and potential of all buildings, land and associated plant with the aim of providing the most effective physical environment for the provision and delivery of services. It will normally need to be supported by feasibility studies which will explore possibilities and examine the key available options. This stage cannot be commenced satisfactorily until each of the questions itemised in Appendix A has been addressed and should not be considered complete until they all have been answered. The guiding principle is to ensure that all significant areas of each site have been scrutinised confirming:

i that no more land, buildings or plant are to be held in the future than is strictly necessary allowing for future needs as perceived in the strategic plan

ii that policies are adopted for the disposal of surplus property, or where this is impractical (eg because only part of a block is surplus), some other NHS or commercial use.

1.5 Because this stage marks the beginning of the implementation process and will, therefore, commit resources including manpower and finance, it is essential that the final ECP should be formally endorsed by the Authority. The ECP is also designed to identify corresponding benefits which will form the basis for monitoring performance in the future. It will need updating whenever there is any significant change which has organisational or resource implications.

1.6 Many Authorities will find that this stage plays such a key role in estate management that the concept should be applied to all presently occupied sites. This 'across the board' approach may well represent the ideal, but there will need to be a controlled approach because of the staff time and costs involved. A targeted approach is therefore advocated with major sites being given priority, and particularly those where immediate significant change is envisaged, or where revenue and capital savings are likely to result from improved utilisation.

1.7 This guidance material has been tested and evaluated in a Health Authority and its usefulness and practicability confirmed. The attached charts — which are also the recommended formats — are drawn from experience gained from that field trial. Because of the need to maintain a continuously relevant ECP, a suite of WIMS programmes will be made available; these will include a graphics component.

1.8 Not all the activities described in this document constitute new functions for the NHS. What is new is the requirement:

i to draw together previously unco-ordinated threads covering a number of disciplines into a single comprehensive approach which is motivated by the need to explore every likely avenue so as to bring about improved efficiency

ii to identify all the resources required to implement the process, including the timing of key events, and to obtain the endorsement of the Authority

iii to identify, as far as possible, the estate and operational benefits which can be expected.

1.9 Only the existence of such a firm foundation of agreed policy can provide a satisfactory basis for planning the maintenance strategy which follows at Stage 7. The absence in the past of an authorative statement — which is backed by management and is based on the Authority's agreed strategy — is believed to have contributed largely to the poor condition of many NHS properties.

1.10 In order to satisfy the requirements, the Estate Control Plan comprises a set of separate but closely related documents, these include:

the District Estate Control Plan	(Fig. 1)
the District Estate Programme	(Figs. 2 and 2a)
the Site Estate Control Plan	(Fig. 3)
the District Estate Investment Plan	(Figs. 4 and 4a)
the Site Estate Investment Plan	(Figs. 5 and 5a)

1.11 The adoption of these recommended formats will be helpful in attaining a degree of consistency between plans prepared by different Authorities. Figure 6 presents a preferred range of symbols for identifying features. These are consistent with those adopted for estate terriers.

2. *The District Estate Control Plan*

2.1 The preparation of the District Estate Control Plan *(Fig. 1)* follows directly from the agreement of the Authority's Strategic Plan. It is the outcome of the corporate planning process which considers the interaction of all available resources on the provision of healthcare. If it is prepared in the absence of this interactive exercise it will fail to provide a framework for the effective use of the estate in accordance with the Authority's objectives. It encapsulates as concisely as possible all the decisions which, when taken together, make up the approved strategy for the District estate.

2.2 The District Estate Control Plan *(Fig. 1)* will record all the sites owned and/or managed by an Authority, including hospitals, health centres, clinics, ambulance stations, residential accommodation and other significant sites. It will identify proposals for major developments and changes, and sites which will become surplus together with requirements for site acquisition.

2.3 It builds upon the Estate Data Base (Stage 1) and is marked up to show:

i the Health Authority boundary

ii the Local Authority boundaries

iii main communication routes, eg major roads and railways

iv significant geographical features, eg green belt and rivers

v location of properties managed by Health Authorities and Family Practitioner Committees

vi location of facilities managed by other Health Authorities

vii identification of changes indicated by the Strategic Plan, eg closure, change of use and major re-developments ongoing

viii significant external development.

2.4 There will be many changes which will materially affect the health estate over the planning period. Where these are too complex to be shown on one diagram, several sheets similar to Figure 1 may be required to depict this changing position, eg now, 5 and 10 years hence.

3. *The Site Estate Control Plan*

3.1 The Site Estate Control Plan *(Fig. 3)* focuses on individual sites and provides the interface between planning decisions — their implementation — and the Estate Operational Plan. They should always be formulated in conjunction with the estate terrier.

3.2 On those sites where major capital developments are to take place, there will also be a need to prepare a development control plan as required under CAPRICODE procedures.

3.3 The Site Estate Control Plan will therefore show, irrespective of whether any functional changes are planned or not, all the factors which will physically affect the estate. These will include:

i all acquisitions, including those sites to be acquired so as to enhance the value of the existing site prior to disposal

ii disposals and property to be leased

iii all planned and approved improvements to the existing stock

iv those key areas which will be affected by foreseeable physical deterioration and functional decline or obsolescence, together with an indication of the level which they are required to attain

v approved improvements to the estate including:

a. the investment needed to bring about these changes to the standard required

b. the investment needed to sustain the physical standard thereafter

c. the expected return on that investment.

3.4 In summary the Plan will provide:

i a brief narrative statement covering the future use of the site, even where no change is envisaged, commenting on the adequacy of the present provision and other relevant factors

ii an outline drawing of the whole hospital site which in turn identifies:

a. the position and configuration of all buildings identified by reference number

b. roads, paths and car parking

c. existing boundaries and location of utilities

d. planned and agreed changes eg upgrading, refurbishing, changed function, demolition, disposal, extensions, major engineering services, etc

e. local planning authority plans for the site and its immediate environment.

4. *The District Estate Programme*

4.1 The District Estate Programme *(Figs. 2 and 2a)* constitutes a network and/or a bar chart with supporting material where necessary, which relates agreed objectives to time and resources. It enables management to set firm targets against which progress may be monitored. Strategic plans normally cover a 10 year period; however, it may be necessary for certain elements in the Estate Plan to encompass a longer period.

5. *The District and Site Estate Investment Plans*

5.1 Stage 5 will have provided a broad outline of the investment necessary to rationalise and thereafter sustain the estate at a level of performance required for the delivery of the service. It will also indicate what can be expected in terms of the return on that investment. An agreed Estate Investment Plan is required in order to carry forward that programme into a detailed plan for implementation at both District and individual sites *(Figs. 4/4a and 5/5a)*. Only estimated target costs are necessary at this stage. Stage 7 (the EOP) will identify any modifications to the overall plan.

5.2 The District Estate Investment Plan *(Figs. 4 and 4a)*, therefore, sets out the agreed allocation of investments for each location (site). It will therefore include:

i identification of each scheme in the agreed plan

ii source of funding

iii estimated and agreed allocation

iv estimated timescale to completion

v future resource assumptions

vi intended effect on the size and condition of the estate and consequent capital and revenue changes and the alterations to service provision.

5.3 The Site Estate Investment Plan *(Figs. 5 and 5a)* carries forward the previously established concept of funding ie investment on the one hand and return on investment on the other. The intended effect on the estate will therefore include planned changes to each of the five features as covered in the appraisals described in Stage 2 of the Estate Action Plan. They will also include an indication of remaining average life, the operational cost of sustaining the property at the enhanced level, and changes to the property overhead figure (see Appendix B).

5.4 Both the District and Site Estate Investment Plans will indicate firm agreed capital and revenue investment needed to satisfy the demands of the Estate Control Plans for years 1 to 3. For the succeeding years the District Investment Plan will include an assumed apportionment between revenue and capital. It is recognised that this split may not always be possible by site, but virement should provide the necessary flexibility to fund the plans over the strategic planning period. Where the resources needed for change exceed the flexibility allowed by virement a special case will need to be made to the appropriate Authority.

5.5 The value of the property, together with the notional rent, will have previously been identified and taken into account at Stage 3 of the Estate Action Plan. It will also form an essential input into the rationalisation process. The rationalisation process may lead to changed property values. Such information should be held in confidential files as it may have commercial value.

6. *Monitoring and Feedback*

6.1 A process of continuous evaluation and feedback is essential if the effectiveness of the Estate Operational Plan is to be monitored. As changes are implemented the estate data base should be updated.

Figure 1 (example)

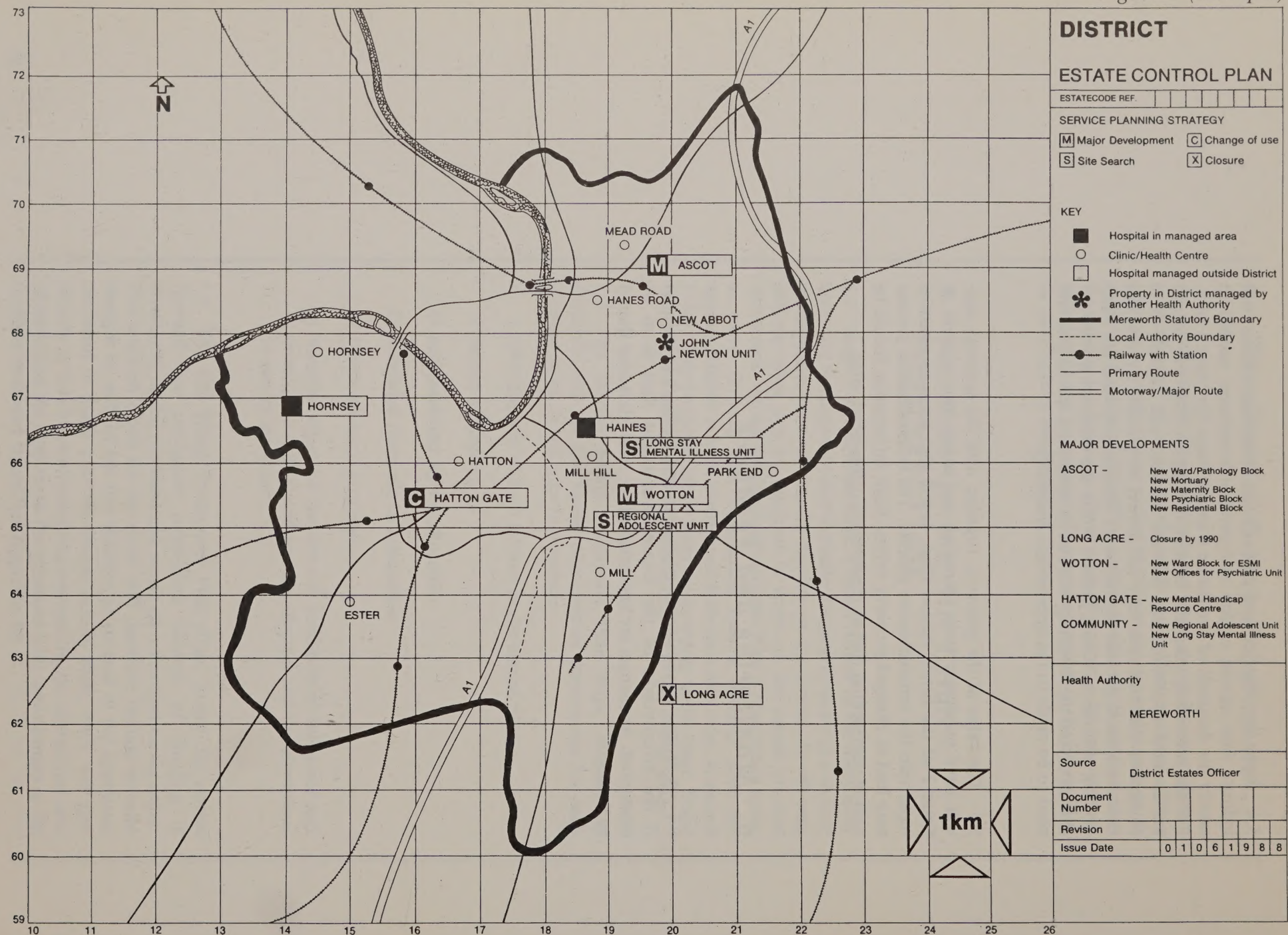

Figure 2

					Health Authority	SOURCE DISTRICT ESTATES OFFICER DOCUMENT NUMBER REVISION ISSUE DATE			DISTRICT ESTATE PROGRAMME ESTATECODE REF.	
SITE	19___/___	19___/___	19___/___	19___/___	19___/___	19___/___	19___/___	19___/___	19___/___	19___/___

Figure 2a (example)

Health Authority
MEREWORTH

SOURCE DISTRICT ESTATES OFFICER
DOCUMENT NUMBER
REVISION
ISSUE DATE 0 1 0 6 1 9 8 8

DISTRICT
ESTATE PROGRAMME
ESTATECODE REF.

SITE	1987/88	1988/89	1989/90	1990/91	1991/92	1992/93	1993/94	1994/95	1995/96
ASCOT									
HAINES WOTTON HORNSEY HATTON GATE COMMUNITY									

ASCOT

- DISTRICT TELEPHONE SYSTEM BASED HERE
- UPGRADING OF ACCIDENT AND EMERGENCY AND OUTPATIENTS DEPARTMENT
- RESIDENTIAL ACCOMMODATION
- MORTUARY
- OFFICES FOR CONSULTANTS AND OTHER STAFF
- PERMANENT CENTRAL DISTRICT HEADQUARTERS
- UPGRADE ANTE-NATAL DEPARTMENT
- EXTENSION TO DENTAL DEPART.
- PHYSIO AND Q.T. DEPARTMENTS
- PHASE V PSYCHIATRIC BLOCK
- TEMP GAU
- EXTEND SURGICAL DAY UNIT
- PHASE IV MATERNITY BLOCK
- ENABLING WORKS FOR PHASE III. DEMOLISH TUDOR BLOCK
- PHASE III WARD/PATHOLOGY BLOCK
- DEMOLISH OLD PATH. RESITE SOCIAL CLUB
- CAR PARKS
- HOPE CHILD DEVELOPMENT UNIT
- CAR PARKS
- CAR PARKS

HAINES / WOTTON / HORNSEY / HATTON GATE / COMMUNITY

- UPGRADE MILL WARD AT WOTTON FOR ESMI
- UPGRADE HOPE WARD WOTTON FOR ESMI
- 36 PLACE LONG STAY MENTAL ILLNESS UNIT IN COMMUNITY
- UPGRADE ASH WARD FOR ESMI WOTTON
- 5 BED EXTENSION AT HORNSEY
- UPGRADE HATTON GATE TO PROVIDE MENTAL HANDICAP RESOURCE CENTRE
- COMMUNITY HOUSING FOR THE MENTALLY HANDICAPPED
- REGIONAL ADOLESCENT UNIT IN COMMUNITY
- UPGRADE FAM. PSYC. CLINIC 86 WELL ROAD
- COMMUNITY HOUSING FOR MENTALLY ILL
- OFFICES FOR PSYCHIATRIC UNIT AT WOTTON
- DAY HOSPITAL FOR YOUNGER MENTALLY ILL AT HAINES
- 2 x 24 BED WARD BLOCK AT WOTTON FOR ELDERLY SEVERELY MENTALLY ILL

Figure 3

SITE NAME	HEALTH AUTHORITY	SOURCE DISTRICT ESTATES OFFICER DOCUMENT NUMBER REVISION ISSUE DATE	SITE ESTATE CONTROL PLAN ESTATECODE REF.
SITE MAP		BLOCK REF. NAME	KEY

KEY

- Existing Land Boundary
- Revised Land Boundary
- Other Boundaries
- Special features over *other* lands
- Special features granted to third parties over hospital land
- Land to be acquired
- Ownership of boundaries as deduced from deeds
- Ownership of boundaries as deduced from physical signs only
- Access
- Areas of Land etc. let off
- Areas of land to be sold
- L.A. Boundaries
- Building in continuous use in managed district
- Building managed outside district
- Major Redevelopment
- Change of use
- Closure
- To be demolished
- New
- Property not owned by H.A.
- 2 Reference Numbers used to indicate buildings as referred to in schedule
- R2 Reference numbers prefix with letter R used to indicate rights etc. referred to in schedule

Scale

0 10 20 30 40 50 70 90 110 130

Figure 4

DISTRICT REF No		HEALTH AUTHORITY	SOURCE DISTRICT ESTATES OFFICER DOCUMENT NUMBER REVISION ISSUE DATE	DISTRICT ESTATE INVESTMENT PLAN ESTATECODE REF.

SITE REF No	BIDS IN PRIORITY ORDER					EXPENDITURE £000's												INTENDED EFFECT ON ESTATE												COST TO 'B'
	SCHEME REFERENCE No	HEALTH CARE PROGRAMME		PRIORITY	SOURCE OF FINANCE	YEAR 0	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7	YEAR 8	YEAR 9	YEAR 10	TOTAL	FUNCTIONAL UNITS	AREA M2	FUNCTIONAL SUITABILITY	UTILITY	ENERGY	STATUTORY REQUIREMENTS	CONDITION	AVERAGE LIFE	MAINTENANCE (£)	ENERGY (GJ)	PROPERTY OVERHEADS	RATES	
		MAIN	SUB																											
ALL FIGURES IN £000's AT 19 PRICE LEVELS					TOTAL TO SUMMARY																									

Figure 4a (example)

DISTRICT REF No	HEALTH AUTHORITY	SOURCE	DISTRICT ESTATES OFFICER	DISTRICT ESTATE INVESTMENT PLAN
A/01	MEREWORTH	DOCUMENT NUMBER		
		REVISION		
		ISSUE DATE	0 1 0 6 1 9 8 8	ESTATECODE REF.

SITE REF No	BIDS IN PRIORITY ORDER					EXPENDITURE £000's												INTENDED EFFECT ON ESTATE												
	SCHEME REFERENCE No	HEALTH CARE PROGRAMME		PRIORITY	SOURCE OF FINANCE	YEAR 0	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7	YEAR 8	YEAR 9	YEAR 10	TOTAL	FUNCTIONAL UNITS	AREA M2	FUNCTIONAL SUITABILITY	UTILITY	ENERGY	STATUTORY REQUIREMENTS	CONDITION	AVERAGE LIFE	MAINTENANCE (£)	ENERGY (GJ)	PROPERTY OVERHEADS	RATES	COST TO 'B'
		MAIN	SUB																											
99	30/975	ACUTE	YPD	1	MAJOR	10	175										185													
99	32/981	ACUTE		1	MAJOR		400	2000	2000		600						5000			C→B										
99	15/963	ACUTE		1	MINOR	40	520										560													
99	23/972	GERIATRIC		2	MINOR		50										50							D→B						
99	7/962	ACUTE		2	MAJOR		20	140	20	20							200													
ALL FIGURES IN £'000s AT 1987 PRICE LEVELS					TOTAL TO SUMMARY	50	1165	2140	2020	20	600						5995													

Figure 5

SITE REF No	SITE NAME	HEALTH AUTHORITY	SOURCE DISTRICT ESTATES OFFICER	SITE ESTATE INVESTMENT PLAN
			DOCUMENT NUMBER	
			REVISION	
			ISSUE DATE	ESTATECODE REF.

BIDS IN PRIORITY ORDER							ESTIMATED COST £000's					TIMINGS					INTENDED EFFECT ON ESTATE												
SCHEME REFERENCE No		HEALTH CARE PROGRAMME		PRIORITY	SCHEME	SOURCE OF FINANCE	YEAR 0	YEAR 1	YEAR 2	FUTURE YEARS	TOTAL	STAGE REACHED	NEXT STAGE	START	MONTHS	OPERATIVE DATE	FUNCTIONAL UNITS	AREA M^2	FUNCTIONAL SUITABILITY	UTILITY	ENERGY	STATUTORY REQUIREMENTS	CONDITION	AVERAGE LIFE	MAINTENANCE (£)	ENERGY (GJ)	PROPERTY OVERHEADS	RATES	COST TO 'B'
BLOCK REF	JOB No	MAIN	SUB																										
ALL FIGURES IN £000's AT 19 PRICE LEVELS					TOTAL TO SUMMARY																								

Figure 5a (example)

SITE REF No	SITE NAME	HEALTH AUTHORITY	SOURCE	SITE ESTATE INVESTMENT PLAN
A/01/99	ASCOT	MEREWORTH	DISTRICT ESTATES OFFICER	
			DOCUMENT NUMBER	
			REVISION	
			ISSUE DATE 0 1 0 6 1 9 8 8	ESTATECODE REF.

BIDS IN PRIORITY ORDER							ESTIMATED COST £000's					TIMINGS					INTENDED EFFECT ON ESTATE												
SCHEME REFERENCE No		HEALTH CARE PROGRAMME		PRIORITY	SCHEME	SOURCE OF FINANCE	YEAR 0	YEAR 1	YEAR 2	FUTURE YEARS	TOTAL	STAGE REACHED	NEXT STAGE	START	MONTHS	OPERATIVE DATE	FUNCTIONAL UNITS	AREA M²	FUNCTIONAL SUITABILITY	UTILITY	ENERGY	STATUTORY REQUIREMENTS	CONDITION	AVERAGE LIFE	MAINTENANCE (£)	ENERGY (GJ)	PROPERTY OVERHEADS	RATES	COST TO 'B'
BLOCK REF	JOB No	MAIN	SUB																										
30	975	ACUTE	YPD	1	DEVELOPMENT UNIT	MAJOR	10	175			185	TO TENDER		APRIL 88	10														
32	981	ACUTE		1	PHASE 3 WARD/ PATHOLOGY BLOCK	MAJOR		400	2000	2600	5000	AIP OBTAINED	DETAILED DESIGN	JULY 89	20				C→B										
15	963	ACUTE		1	NEW MORTUARY	MINOR	40	520			560	BUDGET COST	TO TENDER	APRIL 88	10														
23	972	GERIATRIC		2	TEMPORARY GERIATRIC ASSESSMENT UNIT	MINOR		50			50	OPTION APPRAISAL			4								D→B						
7	962	ACUTE		2	EXTEND SURGICAL DAY UNIT	MAJOR		20	140	40	200	OPTION APPRAISAL		APRIL 89	8														
ALL FIGURES IN £000's AT 1987 PRICE LEVELS					TOTAL TO SUMMARY		50	1165	2140	2640	5995																		

Figure 6

PROPOSED SYMBOLS FOR THE ESTATE CONTROL PLAN

KEY

- Existing Land Boundary
- Revised Land Boundary
- Other Boundaries
- Special features over *other* lands
- Special features granted to third parties over hospital land
- Land to be acquired
- Ownership of boundaries as deduced from deeds
- Ownership of boundaries as deduced from physical signs only
- Access
- Areas of Land etc. let off
- Areas of land to be sold
- Local Authority Boundaries
- Building in continuous use in managed district
- Building managed outside district
- Major Redevelopment
- Change of use
- Closure
- To be demolished
- New
- Property not owned by H.A.
- 2 — Reference numbers used to indicate buildings as referred to in schedule
- R2 — Reference numbers prefix with letter R used to indicate rights etc. referred to in schedule

OTHER SYMBOLS

- River
- Motorway/Major Route
- Primary Route
- Railway with Station

These symbols refer only to District ECP which is a smaller scale to the Site and is therefore suggested that these need not be listed in the legend as they are self evident.

ESTATE CONTROL PLAN **ESTATE MANAGEMENT PROCEDURES STAGE 6**			Objective: To encapsulate in one document all decisions which when taken together constitute an approved strategy for the future operation of the site indicating all changes and resources required.	
Key questions needing answers before activity starts			Provides an opportunity to explore radically all existing facilities/functions/relationships/locations against a background of strategic service resource guidelines. present state of buildings and resources needed to achieve (B)	Key questions needing answers before exercise can be said to be completed
0	Procedural	a.	Have stages 1 - 5 been completed, in particular, can the following questions be answered satisfactorily?	1. Has all surplus land been identified?
1.	EXTERNAL SPACE	a. b.	Is more land being held that is strictly required? How adequate are access, car parking, roads, and in what condition are they?	2. Is all property upto (B) and thereafter sustained?
2.	INTERNAL SPACE	a. b. c.	Has all existing accommodation been checked to see whether each space is fully utilised? How far is it possible to relocate functions and can benefits be identified i. so as to achieve better relationships or balance between activities ii. so as to release areas which can be reused, and iii. has (ii) been rigorously checked with feasibility studies? Is present space too tight for present function, can it be easily and economically extended or function relocated?	3. Is all space efficiently used? 4. Are buildings and their functions conveniently located and interrelated? 5. Have surplus buildings been identified?
3.	FUNCTIONAL SUITABILITY	a. b. c. d.	What state is the present building in - identified as ABCD and DX? What needs to be done to bring stock up to (B) and at what cost? How disruptive to the rest of the organisation would achieving (B) be? How does each of the following features relate to (B):- FACILITIES, SPACE, LAYOUT, ENVIRONMENT, RELATIONSHIPS?	6. How far will reuse policies limit the ideal utilisation of the site and what effect will they have on relationships? 7. Is the plan realisable in terms of the resources required?
4.	PHYSICAL CONDITION	a. b. c. d.	Has the remaining life of elements been estimated - where is this practical? What is the cost of bringing condition up to (B) and what is the cost to sustain (B)? How much extra load can existing plant, services and equipment cope with - or are they overloaded at present? To what extent would existing structure cope with adjustments in function?	8. Is the scale and pace of change acceptable to users?
5.	LOCATION	a. b.	Is the existing building in the right place in terms of population served and in its relationship to other functions? If not, can the cost of relocation be justified?	9. Does the plan fit the Estate Investment Programme requirements?
6.	STATUTORY	a. b.	Will existing shape and layout prevent the adoption of required safety standard? What is the cost of achieving (B)?	10. Will the plan obtain the necessary authority for implementation and can adequate monitoring arrangements be made?
7.	ENERGY PERFORMANCE	a. b.	What is the cost of bringing buildings and services up to (B)? Can payback periods of more than three years be achieved?	

Property Overheads

Property overheads should be calculated in annual cost per sq metre, and include:

1. Maintenance to sustain an acceptable level
2. Heating
3. Lighting
4. Cleaning
5. Security
6. Ventilation
7. Notional Rent
8. Core Services
9. Contribution in lieu of rates

However, the above is not a definitive list. It is suggested that, for practical reasons, the calculation of property overheads may be better if based on financial accounts statements under the following expenditure headings:

— Engineering maintenance

— Energy and utility

— Building maintenance

— Grounds and gardens

— General estate expenses

— Domestic cleaning

— Security (say, 20% portering)

Amounts under the above headings should be aggregated and calculated in annual cost per sq metre.

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